

FORM IC

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Safety Klean Systems Inc
BrentwoodEPA ID NO: MO010916711418129U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.A. EPA ID No.
Same as label ☐ or → MO010916711418129B. County
Same as label ☐ or → St. LouisC. Site/company name
Same as label ☐ or → Safety Klean Systems IncD. Has the site name associated with this EPA ID changed since 1997?
☐ 1 Yes ☒ 2 NoE. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.
Same as label ☐ or → 1227 Hanley Industrial CtrF. City, town, village
Same as label ☐ or → BrentwoodG. State
Same as label ☐
or → MOH. Zip Code
Same as label ☐ or → 63114**Sec. II** Mailing address of site. Instructions page 7.A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III) ☒ 2 No (CONTINUE TO BOX B)B. Number and street name of mailing address
ONE Brinkman WayC. City, town, village
ELGIND. State
ILE. Zip Code
60123**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.A. Last Name First name M.I.
Picppond markB. Title
Environmental Compliance ManagerC. Telephone Number
717 8166 - 6412
Extension **Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.A. Last Name First name M.I.
Miller BarryB. Title
Regional ManagerC. Signature
D. Date of signature
02-09-00
Month Day Year

RCRA

EPA data entered

BY SBUTT, TRI-COX
ON 10/19/00

FEB 14 2000

HAZARDOUS WASTE PROGRAM
U.S. DEPARTMENT OF
NATURAL RESOURCES

EPA ID NO. MOD 096 7114 829**Sec. V** Generator status. Instructions begin on page 8.**A. 1999 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☐ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☒ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☒ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Safety-Kleen Systems, Inc.
BrentwoodEPA ID NO: MO D 0916 7114 829U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

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Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>MO D 0916 7114 829</u>		B. County Same as label <input type="checkbox"/> or → <u>St. Louis</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>Safety-Kleen Systems, Inc.</u>		D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>1227 Hanley Industrial Ctr</u>			
F. City, town, village Same as label <input type="checkbox"/> or → <u>Brentwood</u>		G. State Same as label <input type="checkbox"/> or → <u>MO</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>63114</u>

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address <u>One Brinkman Way</u>		
C. City, town, village <u>Elgin</u>	D. State <u>IL</u>	E. Zip Code <u>60123</u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>Reppond</u>	First name <u>mark</u>	M.I. <u></u>	B. Title <u>Enviro Compliance manager</u>	C. Telephone Number <u>717 866-1641</u> Extension <u>12</u>
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Sec. IV I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations. Instructions page 8.

A. Last Name <u>Miller</u>	First name <u>Barry</u>	M.I. <u></u>	B. Title <u>Regional Manager</u>
C. Signature 			D. Date of signature <u>02 29 99</u> Month Day Year

MAR 07 2000

EPA ID: MOD 096 714 829

Sec. V Generator status. Instructions begin on page 8.**A. 1999 RCRA generator status**

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Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

Comments:



RECEIVED

MAR 07 2000

SAFETY-KLEEN CORP.

One Brinckman Way, Elgin, IL 60123

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES

Certified Letter Z 773 730 515

February 25, 2000

Missouri Department of Natural Resources
Hazardous Waste Program, Biennial Report Inactive Sites
P.O. Box 176
Jefferson City, MO 65102

RE: 1999 Biennial Hazardous Waste Report

Dear Sir/Madam:

Enclosed you will find the report covering the following INACTIVE Safety-Kleen Systems, inc. locations:

Columbia, MO
Brentwood, MO

MOD 000 669 085
MOD 096 714 829

Should you have any questions, please contact Rhonda F. Acitelli at 800-669-5840 extension 2168.

Sincerely,

Barry Miller
Regional Manager

cc: branch file
Manifest Department